IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14883

OWNER OR CONTRACTOR MARVIN H. CHURCH DATE 7/9/92 PERMIT NO. 13H-A-41

PHONE: Business _____ Home _____

LOCATION US 21 N, TL FAIRMONT CH. ROAD, ON (L) ~ 1/2 MILE BEFORE TOMLIN MILL RD. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ✓ Other PRIVATE SHOP W/ 2 EMPLOYEES

No. Bedrooms N/A No. Bathrooms N/A Soil Characteristics _____

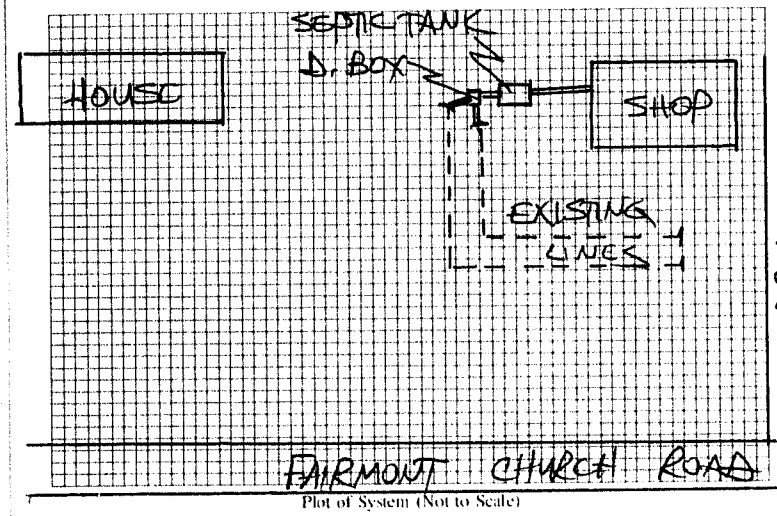
Garbage Disposal Unit Yes ☐ No ✓ Application Rate _____

Auto. Dishwasher Yes ☐ No ✓ Topography _____

Auto. Wash. Machine Yes ☐ No ✓ Depth to Water Table EXISTING

Lot Area AMPLE 2.88AC Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ✓

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS EXISTING SYSTEM MEETS MINIMUM REQUIREMENT OF 100 GAL / DAY

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 7/9/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold